U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only		
AIG 182005 READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT	
E Question		
1 File Number U - 1000	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name Pete D Easton	Name Teamsters Local 853	
	Labor Organization File Number 020-870	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
Street 2100 Merced Street, Suite B	Street 2100 Merced Street, Suite B	
City San Leandro	City San Leandro	
State California ZIP Code + 4 94577	State Arkansas ZIP Code + 4 94577	
5 Position in labor organization Business Representative		
Supplemental and the property of the property		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name Caterpillar, Inc	See Continuance page	
Trade Name, if any		
P O Box, Bldg , Room No , if any		
	7 b Amount	
Street 25972 Eden Landing Road		
City Hayward	\$50	
State California ZIP Code +4 94545		
Signature		
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)		
Signed All	On 8/8/2005 510-895-8853	
	Date Telephone Number	

Name of Person Filing Pete Easton	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name Lipman Insurance Administrators, Inc  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 39420 Liberty Street, Suite 206  City Fremont  State California ZIP Code + 4 94538	9 Business deals with  a Labor Organization  b Trust  C Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name Teamsters Benefit Trust  Trade Name, if any  P O Box 5820  Street  City Fremont	11 a Nature of such dealing  Multi-Employer Trust Fund  The Employer listed in Item 8 is the third party administrator of the Trust Fund  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received	
State California ZiP Code + 4	See continuation page  12 b Amount \$30	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box Bldg Room No , if any  Street  City  ZIP Code + 4	14 a Nature of payment.	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of person filing: Pete D. Easton Item 7.a Continuation page 2 for Caterpillar, Inc. Page 1 of 2

In performance of his duties as a business representative, the person identified in item 3 transacts business related to representing his members of the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7 b is an estimate of the amount paid by the employer identified in item 6 on his behalf for such value of food and beverages and/or incidental expenses supplied to him. This estimate is based on a review of the individual listed in Item 3's business calendar for appointments and meetings in 2004.

Name of person filing: Pete D. Easton Item 12.a Continuation Page 2 for Teamsters Benefit Trust Page 2 of 2

The person identified in Section 3 is a business representative for the labor organization identified in Section 4 whose members are covered by the entity in Item 10. The labor organization identified in Section 4 participates in the multiemployer trust, which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, identified in Section 10. The amount entered in Section 12 b represents the estimated value of food and beverages received that were incurred on December 10<sup>th</sup>, 2004. This estimate is based on a review of the individual listed in Item 3's business calendar for appointments and meetings in 2004.